

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Dec 09, 2008
Secretary of State

DOCUMENT# N06000007074

Entity Name: 3 MINISTERS OF GOD MINISTRIES INC.**Current Principal Place of Business:**2905 N FLORIDA AVE
TAMPA, FL 33602 US**New Principal Place of Business:**1512 E. COLUMBUS DR.
TAMPA, FL 33605 US**Current Mailing Address:**12225 DAWN VISTA DR
RIVERVIEW, FL 33569**New Mailing Address:****FEI Number:** 56-2598552**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**DAVIDSON, CHARLES PASTOR
12225 DAWN VISTA DR
RIVERVIEW, FL 33569 US**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DAVIDSON, SHON PROPHET
Address: 12225 DAWN VISTA DR
City-St-Zip: RIVERVIEW, FL 33569

Title: D () Delete
Name: LEVERETT, THERESA MINIS.
Address: 9551 ROCKHILL DR
City-St-Zip: THONOTASSA, FL

Title: D () Delete
Name: DAVIDSON, CHARLES PASTOR
Address: 12225 DAWN VISTA DR
City-St-Zip: RIVERVIEW, FL 33569

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: LEVERETT, THERESA MINIS.
Address: 11732 CRESTCREEK
City-St-Zip: RIVERVIEW, FL 33569

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: O () Change (X) Addition
Name: SHANNON, SELENA SISTER
Address: 1553 MAIN ST
City-St-Zip: TAMPA, FL 33607

Title: O () Change (X) Addition
Name: THOMAS, CORNETTE SISTER
Address: 6430 12 AVE
City-St-Zip: TAMPA, FL 33619

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHA RLES DAVIDSON

D

12/09/2008

Electronic Signature of Signing Officer or Director

Date